

**U.S. PROBATION OFFICE**  
**MONTHLY SUPERVISION REPORT FOR THE MONTH \_\_\_\_\_,**

Name:	Court Name (if different):		
PART A: RESIDENCE (If new address, attach copy of lease/purchase agreement.)			
Street Address, Apt Number: Own or Rent?	Home Phone: Cellular Phone: Pager:		
City, State, Zip Code	Persons Living With You:		
Mailing Address (if different): E-Mail Address	Did you move during this month? ( ) YES ( ) NO If yes, date moved: Reason for Moving:		
PART B: EMPLOYMENT (If unemployed, list source of support under Part D.) G CHECK BOX IF THERE ARE ANY CHANGES FROM LAST MONTH IN PART B			
Company:	Occupation:		
Address: Zip:	Your Job Title:		
County:	Special Skills:		
Start Date:	Regular Work Hours (e.g., 7 a.m. to 3 p.m.; 8 a.m. to 5 p.m., etc.):		
End Date:	Reason for Leaving:		
Status (Full/part-time/self employed): Hours per week:	Can Return to Job?		
Salary: \$	Supervisor: Title: Phone: Fax: Pager:		
Salary Type (How often paid: Daily/Weekly/Bi-Monthly/Monthly/Other):	Employer knows about conviction: ( ) YES ( ) NO Employer can be contacted: ( ) YES ( ) NO		
PART C: VEHICLES (List all vehicles owned or driven by you.)			
1. Year/Make/Model/Color:	Mileage:	Tag Number:	Owner:
		Vehicle I.D.#:	
2. Year/Make/Model/Color:	Mileage:	Tag Number:	Owner:
		Vehicle I.D. #:	
PART D: MONTHLY FINANCIAL STATEMENT			
Net Earnings from Employment: (Attach Proof of Earnings)		Do you rent or have access to:	
Other Cash Inflows:		A post office box? ( ) YES ( ) NO A safe deposit box? ( ) YES ( ) NO	
TOTAL MONTHLY CASH INFLOWS:		Name and Address of Location:	Box No. or Space
TOTAL MONTHLY CASH OUTFLOWS:			
Do you have checking ( ) YES ( ) NO Bank Name: Account: Balance:		Does your spouse, significant other, or dependant have a checking or savings account that you enjoy the benefits of or make occasional contributions toward? ( ) YES ( ) NO	
Do you have savings account(s)? ( ) YES ( ) NO Bank Name: Account: Balance:		Bank Name: Account No.: Balance:	
Attach a complete listing of all other financial account information. If you have multiple accounts.			
List all expenditures over \$500 (including e.g., goods, services, or gambling losses)			
Date	Amount	Method of Payment	Description of Item

**PART E: COMPLIANCE WITH CONDITIONS OF SUPERVISION DURING THE PAST MONTH**

<p>Were you questioned by any law enforcement officers? <input type="checkbox"/> YES    <input type="checkbox"/> NO</p> <p>If yes, date: _____</p> <p>Agency: _____</p> <p>Reason: _____</p>	<p>Were you arrested or named as a defendant in any criminal case? <input type="checkbox"/> YES    <input type="checkbox"/> NO</p> <p>If yes, when and where? _____</p> <p>Charges: _____</p> <p>Disposition: _____</p> <p><i>(Attach copy of citation, receipt, charges, disposition, etc.)</i></p>
<p>Were any pending charges disposed of during the month? <input type="checkbox"/> YES    <input type="checkbox"/> NO</p> <p>If yes, date: _____</p> <p>Court: _____</p> <p>Disposition: _____</p>	<p>Was anyone in your household arrested or questioned by law enforcement? <input type="checkbox"/> YES    <input type="checkbox"/> NO</p> <p>If yes, whom? _____</p> <p>Reason: _____</p> <p>Disposition: _____</p>
<p>Do you have any contact with anyone having a criminal record? <input type="checkbox"/> YES    <input type="checkbox"/> NO</p> <p>If yes, whom? _____</p>	<p>Do you possess or have access to a firearm? <input type="checkbox"/> YES    <input type="checkbox"/> NO</p> <p>If yes, why? _____</p>
<p>Did you possess or use any illegal drugs? <input type="checkbox"/> YES    <input type="checkbox"/> NO</p> <p>If yes, type of drug: _____</p>	<p>Did you travel outside the district without permission? <input type="checkbox"/> YES    <input type="checkbox"/> NO</p> <p>If yes, when and where? _____</p>
<p>Do you have a special assessment, restitution, or fine?    <input type="checkbox"/> YES    <input type="checkbox"/> NO    If yes, amount paid during the month:</p> <p>Special Assessment: _____    Restitution: _____    Fine: _____</p> <p style="text-align: center;"><b>NOTE: ALL PAYMENTS TO BE MADE BY MONEY ORDER (POSTAL OR BANK) OR CASHIER'S CHECK ONLY</b></p>	
<p>Do you have community service work to perform? <input type="checkbox"/> YES    <input type="checkbox"/> NO</p> <p>Number of hours completed this month: _____</p> <p>Number of hours missed: _____</p> <p>Balance of hours remaining: _____</p>	<p>Do you have drug, alcohol, or mental health aftercare? <input type="checkbox"/> YES    <input type="checkbox"/> NO</p> <p>If yes, did you miss any sessions during this month? <input type="checkbox"/> YES    <input type="checkbox"/> NO</p> <p>Did you fail to respond to phone recorder instructions? <input type="checkbox"/> YES    <input type="checkbox"/> NO</p> <p>If yes, why? _____</p>
<p><b>WARNING: ANY FALSE STATEMENT MAY RESULT IN REVOCATION OF PROBATION, SUPERVISED RELEASE, OR PAROLE, IN ADDITION TO 5 YEARS IMPRISONMENT, A \$250,000 FINE, OR BOTH.</b>  <i>(18 U.S.C. § 1001)</i></p>	
<p>CHECK BOX IF ADDITIONAL FORMS NEEDED:</p> <p><input type="checkbox"/> Monthly Supervision Form</p> <p><input type="checkbox"/> Travel Application Form</p> <p><input type="checkbox"/> Payment Coupon</p> <p>REMARKS:</p> <p>_____ U.S. Probation Officer                      Date</p>	<p>I CERTIFY THAT ALL INFORMATION FURNISHED IS COMPLETE AND CORRECT.</p> <p>Signature _____ Date _____</p> <p>RECEIVED:</p> <p>_____ Mail                      _____ OC</p> <p>_____ HC                      _____ CC</p> <p>RETURN TO:</p>

Forms available at [www.caep.uscourts.gov](http://www.caep.uscourts.gov)